

CANNON BUILDING 861 SILVER LAKE BLVD., SUITE 203 DOVER, DELAWARE 19904-2467

APPRENTICE NAME

## STATE OF DELAWARE

TELEPHONE: (302) 744-4500 FAX: (302) 739-2711 WEBSITE: <u>DPR.DELAWARE.GOV</u> EMAIL: <u>customerservice.dpr@delaware.gov</u>

## BOARD OF COSMETOLOGY AND BARBERING APPRENTICESHIP LOG

Use this log to record apprenticeship hours completed. You may record the hours on a daily, weekly or monthly basis. UPLOAD THIS DOCUMENT WITH YOUR APPLICATION IN DELPROS.

1. Full Name:				
First		Middle	Family (Last)	
FROM THIS DATE (month/day/year)	TO THIS DATE (month/day/year)	TOTAL HOURS WORKED	Supervisor Signature	Apprentice Signature
(moning day) your	(moning day) your)			